**SCHOOL COUNSELING INFORMED CONSENT FORM**

**HOOD MIDDLE SCHOOL**

**SCHOOL COUNSELING DEPARTMENT**

Dear Parent/Guardian: Date

Hood Middle School’s school counseling programs provide small group counseling sessions, for students, which cover a variety of topics. Small groups are offered throughout the school year and are a great way for students to practice new behaviors, learn new skills, gain confidence, and develop self-awareness.

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been invited to participate in a group on body image. This group will address common thoughts and feelings related to body image for the purpose of increasing students’ body image satisfaction. The group will meet once a week, during the school day, for six weeks with each group session lasting 30 minutes. To minimize the time students will miss from their classes, group sessions will be scheduled during the students’ study hall period. Students are responsible for completing their schoolwork on-time.

Participation in this group is voluntary. The confidentiality of the material students share will be respected, but cannot be guaranteed. I am legally required to breech confidentially if the student intends to harm his/herself or someone else, is suspected to be neglected or abused, or the court requires me to do so. In order for your child to be allowed to participate in this group, your signed consent is required.

Please sign and date the form below and return it to the school counseling office by (one week from when this letter was sent home) to allow your child to participate. Please feel free to contact me if you have any questions.

Sincerely,

Professional School Counselor

555-555-5555

myemail@myschool.edu

**GROUP COUNSELING CONSENT FORM**

I have read and understand the attached School Counseling Informed Consent form.

\_\_\_I give permission for my child to participate in the body image group counseling program.

\_\_\_I do not give permission for my child to participate in the body image group counseling program.

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Parent/Guardian Name Parent/Guardian Signature Date